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The 2017 Taipei Declaration for Health-Promoting Palliative Care

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Adopted by the 2017 Taipei International Symposium on Palliative Medicine: Developing Death Literacy for High-Value Care

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To the editor:

Most elderly people and individuals with life-limiting illness in Taiwan, and most other countries in the world, express a preference to age in place and to die at home.(1) However, due to easy accessibility to the health care system, many dying individuals in Taiwan, especially non-cancer patients, die in hospitals with few of them receiving palliative care. To improve access to palliative care, World Health Organization advocated a public health approach to palliative care since the 1990.(2) In recent years, a model of health-promoting palliative care was outlined and more emphasis was put on community engagement and developing death literacy among healthcare providers, patients, families and the community.(3) Since 2015, the Taipei City Hospital system has committed itself to promoting a community/home-based palliative care model in our metropolitan community. An interdisciplinary healthcare team not only provides palliative care at home, but also encourages community participation in end-of-life care. Building upon The Ottawa Charter for Health Promotion, the 2017 Taipei International Symposium calls for a Health-Promoting Palliative Care, which aims to improve wellbeing and death literacy in the context of end-of-life care in the community. This declaration is built upon five basic principles listed below:

1. **Integrate Palliative Care into Public Health Policy and Practice:** Establish a healthcare system integrating health promoting palliative care into primary care and develop an

education program to advocate concepts of advance care planning, health and death literacy, and community participation in palliative care across the general population.

2. **Create Supportive Environments:** Engage formal and non-formal health service providers, as well as the general community, by acknowledging and valuing their practice wisdom, experience, and collaboration in preventing and addressing suffering.
3. **Strengthen Community Actions:** Create a compassionate community with high levels of empathy, by involving families, neighbors, and key community leaders in the community to build mutually supportive relationships, exchange practice experience, share responsibilities, and participate actively in caring networks at the end of life.
4. **Develop Personal Skill:** Empower all people (including our own health professionals, patients, and their families) to make individualized advance care plans and empower the family to develop the knowledge and skills related to death literacy after a systematic learning and strategic shared decision making process.
5. **Reorient Health Services:** Empower health care providers by enhancing death literacy training and education and accumulating practice wisdom and experience of person-centered

and home-and-community-based care and to accompany patients and their families along the life course.

We further declare that health care providers, who deliver primary palliative and hospice care to the elderly and individuals with life-limiting illness in the community, should adhere to the five essential attributes - Accessibility, Comprehensiveness, Coordination, Continuity, and Accountability (Table 1) (4).

It is our hope, with the implementation of the principles in this declaration, as the concepts of death literacy and health promotion in end-of-life care are fully implemented into our community practice, our current aspirations for ageing in place, and supporting a good death at home, will soon become a reality.

Reference:

1. Shih C-Y, Hu W-Y, Cheng S-Y, Yao C-A, Chen C-Y, Lin Y-C, et al. Patient preferences versus family physicians' perceptions regarding the place of end-of-life care and death: a nationwide study in Taiwan. *Journal of palliative medicine*. 2015;18(7):625-30.
2. Stjernswärd J, Foley KM, Ferris FD. The public health strategy for palliative care. *Journal of pain and symptom management*. 2007;33(5):486-93.
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4. Manpower IoMDoH, Development R. *A manpower policy for primary health care: report of a study*: National Academy of Sciences; 1978.

Table 1. Five essential attributes which health care providers should adhere	
Attribute	Content
Accessibility	Patients at the end-of-life and their family should be able to access and use the health services at all times and we will assist them to overcome temporal, spatial, economic, and psychological barriers to palliative care.
Comprehensiveness	Address the great majority of end-of-life issues that encompass the physical, emotional, social and spiritual dimensions of health and anticipate key problems.
Coordination	Establish a multidisciplinary team to coordinate home care services with the patients' families, the non-formal health service providers, neighbors, acute care services, and the community, and to coordinate the patients' plan of care in accordance with his or her personal desire.
Continuity	Provide health care services to the suffering continuously without losing interest or enthusiasm, make hospice and palliative care services a regular and reliable source of care in the community, and make the commitment of being with the patients throughout the end-of-life experience.
Accountability	Arrange locally-conducted high quality research and measure patient-or-family-reported health outcome to ensure care is evidence-based and effective, and have an obligation to address deficiencies while our expanding skills and services.